



Setti D. Warren  
Mayor

## HEALTH AND HUMAN SERVICES DEPARTMENT

Deborah C. Youngblood, PhD, Commissioner  
1000 Commonwealth Avenue  
Newton, MA 02459-1544  
Telephone 617.796.1420 Fax 617.552.7063  
TDD/TTY 617.796.1089



**Public Health**  
Prevent. Promote. Protect.

### APPLICATION TO RENEW A PERMIT TO OPERATE A FOOD ESTABLISHMENT (PERMANENT)

Date: \_\_\_\_\_

Please make corrections to the label on the right

DO NOT CHANGE THE FEE OR RISK LEVEL

- The items in **BOLD** below must be completely filled out

#### SEE RENEWAL LETTER ON THE BACK PAGE FOR INSTRUCTIONS AND FEE SCHEDULE

Applicant Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Owner's Home Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Owner's Phone: \_\_\_\_\_ / \_\_\_\_\_ Email: \_\_\_\_\_ @ \_\_\_\_\_

Corporate Name: \_\_\_\_\_

Corporate Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Corporate Phone Number: \_\_\_\_\_ Contact Person: \_\_\_\_\_

- If Corporate, attach a list of officer names, addresses and phone numbers

**Name of Person Directly Responsible for the Food Establishment:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Name of Immediate Supervisor (Zone, District, Regional):** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Title:** \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ 24 Hour Number: \_\_\_\_\_

Pursuant to M.G.L. Ch. 62C, Sec. 49A I Certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State Tax returns and paid all State Taxes required under law. I attest to the accuracy of the information provided in the application and affirm to comply with the current jurisdictional code and allow the regulatory authority access to the establishment as specified under § 8-402.11 and to the records specified under §§3-203.12 and 5-205.13 and subparagraph 8-201.14(D)(6).

**APPLICATION MUST BE COMPLETELY FILLED OUT WITH A FEE PAYABLE TO THE "CITY OF NEWTON".**  
**CASH AND CREDIT CARDS ARE NOT ACCEPTED AT THIS TIME**  
**Permit will be mailed directly to the Food Establishment**

Food Establishment Fee Enclosed: \$ \_\_\_\_\_

\_\_\_\_\_ Federal Identification Number

\$10.00 Milk License Fee: \$ \_\_\_\_\_  
(Only if cartons of milk are sold)

\_\_\_\_\_ Signature of Individual Corp / Officer

Total Enclosed: \$ \_\_\_\_\_

## **FOOD ESTABLISHMENT PERMIT RENEWAL NOTICE**

Your permit to operate a Food Service or Retail **Establishment expires on December 31<sup>st</sup> of this year.** Applications received **after November 30<sup>th</sup>** will be subject to a late fee of \$25.00.

*If applications are not received by December 31, food establishments will be ordered closed and subjected to fines. Retail establishments will be ordered to remove food from sale.*

**To renew your permit, please submit the following:**

- ☐ **A Completed enclosed Application including the items in “Bold”, your Federal Identification Number and Signature.** Review the application for accuracy. Make necessary changes to the preprinted label. (Do NOT change the Fee or Risk Level). **Incomplete applications will not be processed and will be mailed back to the establishment. A late fee and / or penalties will be charged. Fees are NON REFUNDABLE.**
- ☐ Permit fee as indicated on LABEL. Make the check payable to “**City of Newton**”.
- ☐ A copy of: Anti-Choking Procedure Certificate (For establishments with 25 seats or more). An employee trained in anti-choking must be at the establishment (when in open to the public) at all times. See enclosed letter for class schedule in Newton or Framingham.

The Newton Health and Human Services Department must be notified **PRIOR** to the following:

- Remodeling / Changing Equipment
- Adding Special Processes such as but not limited to: Smoking of Foods / Acidification as means of Food Preservation, Reduced Oxygen Packaging (ROP), Partial Cooking of Raw Animal Foods, and Using Time as a Public Health Control. Detail plans and specific information must be submitted for review and approval prior to implementing such processes. **Changes cannot take place until written approval is granted.**

Establishment fees are determined by the Newton Health and Human Services Department based on risk category.

### **Fee Schedule is listed below**

<b>Milk License (Selling Cartons):</b>	<b>\$10.00</b>
<b>Special Process Plan Review:</b>	<b>\$50.00</b>
<b>Risk Category 1A (Only Commercially Packaged Foods, Convenience Stores):</b>	<b>\$50.00</b>
<b>Risk Category 1B (Coffee Shops, Residential Kitchens, Limited Operations):</b>	<b>\$150.00</b>
<b>Risk Category 2:</b>	<b>\$250.00</b>
<b>Risk Category 3:</b>	<b>\$300.00</b>
<b>Risk Category 4A (Restaurant / Special Process):</b>	<b>\$300.00</b>
<b>Risk Category 4B (Supermarket / Special Process):</b>	<b>\$400.00</b>

### **ALL FEES ARE NONREFUNDABLE**

The Food Codes can be found at the following websites:

<http://www.Newtonma.gov/health> (under Environmental Health)

105 CMR 590.000      <http://www.mass.gov/eohhs/docs/dph/regs/105cmr590.pdf>

FDA 2013 Food Code      <http://www.fda.gov/downloads/Food/GuidanceRegulation/RetailFoodProtection/FoodCode/UCM374510.pdf>

FDA 2013 Food Code Supplement      <http://www.fda.gov/Food/NewsEvents/ConstituentUpdates/ucm453530.htm>

The Health and Human Services Department is open 8:30 A.M. - 5:00 P.M. M-F and until 8:00 P.M. on Tuesdays

If there are questions please call the Health and Human Services Department at 617-796-1420

**Please note, we are now located at City Hall located at 1000 Commonwealth Avenue Newton, MA 02459-1544**